

ATTACHMENT 5

Examples of requests for prior authorization for nursing home services

Examples of new requests for prior authorization before and after the implementation of the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA) are illustrated below.

| For example, if both of the following are true: | | Then use the following: | |
|---|----------------------|---|---|
| Date of receipt | Requested start date | Prior authorization (PA) forms and instructions | Codes |
| 9/1/03 | 9/30/03 | Pre-HIPAA PA forms and instructions | <ul style="list-style-type: none"> • Pre-HIPAA nonmedical codes. • Pre-HIPAA medical codes. |
| 9/30/03 | 10/14/03 | Pre-HIPAA PA forms and instructions | <ul style="list-style-type: none"> • Pre-HIPAA nonmedical codes. • Pre-HIPAA medical codes. |
| 10/14/03 | 11/1/03 | Revised PA forms and instructions | <ul style="list-style-type: none"> • National nonmedical codes. • National medical codes. |

For the following examples, the services to be performed are ancillary services related to ventilator care.

| For example, if both of the following are true: | | Then use the following: | | | | | |
|---|----------------------|-------------------------------------|----------------|--------------------------|-----------------------|-----------------------|----------------------|
| Date of receipt | Requested start date | PA forms and instructions | Diagnosis code | Local level of care code | National revenue code | Place of service code | Type of service code |
| 9/1/03 | 9/30/03 | Pre-HIPAA PA forms and instructions | 518.83 | N7 | None | 8 | E |
| 9/30/03 | 10/14/03 | Pre-HIPAA PA forms and instructions | 518.83 | 00N7 | None | 8 | E |
| 10/14/03 | 11/1/03 | Revised PA forms and instructions | 518.83 | None | 0946 | 31 | None |